



# Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-3934

## Section 1

Include your telephone number so we can contact you if we have any questions about your CalPERS Direct Deposit Authorization. You may also call us at the above number if you have any questions.

## Information About You

Your direct deposit will become effective after CalPERS receives this completed authorization form. You will receive a monthly direct deposit statement from the California State Controller's Office.

Name (First Name, Middle Initial, Last Name) Social Security Number  
Address  
City State ZIP Daytime Phone

## Section 2

All joint account holders must sign here.

## Signature of Joint Account Holder(s)

By signing below, you certify that you have read this form and understand that you should advise CalPERS of the death of the CalPERS payee and that funds deposited after the date of death are to be refunded to CalPERS.

Signature(s) Date (mm/dd/yyyy)

## Section 3

Choose the type of account (checking or savings) to which you would like direct deposit.

## Information About Your Account

☐ Checking ☐ Savings

Have your financial institution obtain the correct routing and account numbers. Your financial institution will be able to answer any questions you may have about the effectiveness of Direct Deposit.

Account Number (show exactly as recorded including necessary spaces, zeroes, or dashes.) Routing Number (nine digits)

For **Checking**, firmly affix your voided, preprinted personalized check with clear tape in the center of this dotted box. Do not use staples or paper clips.

For **Savings**, or if you do not have preprinted personalized checks, have your financial institution complete this section.

Name of Financial Institution Name of Branch  
Address  
City State ZIP Branch Phone Number

You confirm the identity of the above-named payee(s) and the account number. As a representative of the above named financial institution, you certify that the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative Print Representative's Name Date (mm/dd/yyyy)

## Section 4

## Certification

In signing this form, you certify that you are entitled to the payment identified above, and that you have read and understand the information and instructions on this form. You authorize your payment to be sent to your financial institution and deposited to the designated account. You authorize amounts transferred after your death or transmitted in error to be debited from your account. If the funds have been withdrawn following your date of death, you authorize your financial institution to release the name and address of the person(s) withdrawing the funds.

Signature of Payee Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

